Summary of the September 29, 2003 System Leadership Council Meeting

The following Council members attended this meeting.

Mary Ann Bergeron	James L. Evans, M.D.	James S. Reinhard, M.D.
H. Lynn Chenault	Paul R. Gilding	Frank L. Tetrick, III
Charline A. Davidson	Charlotte McNulty	James A. Thur, M.P.H.
Gerald E. Deans	Raymond R. Ratke	Joy Yeh, Ph.D.
Judy Dudley		

Joyce Willis attended for Jules Modlinski, and Thomas Slavin attended for James Stewart. Neila Gunter also attended the meeting. Grace Sheu attended to discuss the Community Consumer Submission. Manju Ganeriwala, Catherine Hancock, and William Lessard from the Department of Medical Assistance Services (DMAS) and Martin Sellers and Mark Smith from Sellers Feinberg (DMAS consultants) attended to discuss new Medicaid revenue maximization proposals.

1. **Agenda and Meeting Summary:** The Council accepted the summary of its June 16 meeting and adopted the proposed agenda.

2. **DMAS Revenue Maximization Proposal**

   - Manju Ganeriwala distributed and reviewed a handout describing the new Medicaid revenue maximization proposals. She mentioned language in the 2002-2004 Appropriation Act that requires DMAS to work with state and local governments to generate savings through maximization of federal revenues for the Medicaid program.
   - In May and June of 2003, DMAS undertook six upper payment limits/intergovernmental transfers (UPL/IGTs) involving county nursing homes, state hospitals, local public hospitals, state clinics, a public Medicaid managed care organization, and CSBs. These six transactions generated $26.6 million in additional federal funds for the Medicaid program.
   - The June 2003 transaction with the Hampton-Newport News CSB involved supplemental payments to CSBs for clinic (outpatient mental health) services that gained $418,174 for the Commonwealth.
   - DMAS intends to repeat these transactions this year and wants to explore other opportunities, including additional projects with CSBs. Martin Sellers noted that approval of new Medicaid State Plan amendments by the Centers for Medicare and Medicaid is increasingly doubtful if the amendments require additional federal funds. Accordingly, new revenue maximization projects that are being considered would not require State Plan amendments.
   - The three new projects being considered are (1) increasing rates for mental health and mental retardation targeted case management, (2) expanding clinic services to include some current State Plan Option services that would be delivered by CSBs and reimbursed at higher rates, and (3) increasing payment rates for some MR Waiver services.
   - Joy Yeh raised a concern about possible federal block grant maintenance of effort problems with the proposal for raising the mental health targeted case management rate, if match for the rate increase has to come from state mental health funds. Mark Smith indicated that the match did not have to come from this source; it would not even have to come from the Department.
   - Mary Ann Bergeron noted that there have been some discussions about entities other than CSBs providing targeted case management (e.g., at the DMAS MR Wavier Task Force), and this idea needs to be taken off the table for this revenue maximization project to work.
   - ***Dr. Reinhard agreed to discuss this with Patrick Finnerty, the DMAS Director.*** Manju Ganeriwala agreed that, if there are areas where it could change policy, DMAS is willing to consider it; but in the revenue maximization effort, DMAS is trying to stay within existing policy as much as possible. ***She also agreed to take the Waiver case management issue back to Mr. Finnerty.***

- The second proposal would convert some existing community services (i.e., therapeutic day treatment, day treatment/partial hospitalization, psychosocial rehabilitation, substance abuse residential treatment for pregnant women, and substance abuse day treatment for pregnant women) to clinic services, delivered "at the clinic" and supervised by a physician. Such conversions would be voluntary on the part of individual CSBs.
- Ray Ratke expressed the need for some clarification regarding the medical supervision requirement. Catherine Hancock indicated that a physician has to see a consumer initially and then it is up to him how often he needs to see the consumer after that to fulfill the supervision requirement. Lynn Chenault expressed similar concerns about the requirement and noted that clinic services were by far the smallest portion of his Medicaid activity because of this requirement. He observed that in Southwest Virginia only psychosocial rehabilitation would probably meet the physician supervision requirement.
- Another concern that needs to be addressed is the much greater documentation requirements for clinic services; this would be an impediment to implementing the second proposal.
- Regarding the third proposal, Martin Sellers noted that DMAS has great flexibility in adjusting MR Waiver rates for CSBs without adjusting them for private providers. However, he observed that there could be some difficulties around transfer agreements with CSBs. He indicated that if not all CSBs agreed to participate, DMAS would need to develop a policy rationale for the different CSB rates. Mary Ann Bergeron pointed out another potential difficulty; many CSBs rely heavily on private providers to deliver Waiver services. Manju Ganeriwala indicated that it would not be possible to include private providers in this UPL/IGT.
- In response to a question, Manju Ganeriwala confirmed that there would be incentives for CSB participation once all of the details are worked out. Jim Thur noted and Manju Ganeriwala confirmed that the alternative to CSBs participating in these new revenue maximization projects could be Medicaid cuts, since DMAS would then not be able to recover the additional federal funds needed to offset state fund savings built into its budget.
- Manju Ganeriwala reviewed the next steps in this effort. She noted that participation by and support from CSBs is critical to the next phase of transfers. DMAS will continue to conduct research to calculate the gain of each of these proposals. DMAS also will work with the VACSB to plan the transactions, identify problems and their solutions, and reach out to providers and legislative leaders to inform them about these initiatives.

3. Community Consumer Submission (CCS)

- Grace Sheu updated the Council on CCS implementation. After the Commissioner's memo about CCS, she received many questions. As a result and in response to a suggestion at the VACSB Administration Committee's September meeting, regional workshops about CCS implementation will be conducted in late October or early November. Subsequently, workshops have been scheduled at Henrico on November 13, Hampton-Newport News CSB on November 14, New River Valley Community Services on November 17, Verona (Augusta County Government Center) on November 18, and Prince William County CSB on November 20.
- She informed the Council that the CCS was presented to the Mental Health Federal Block Grant reviewers last week, and they offered very positive responses. She noted the close work between the VACSB Data Policy Committee and the Department's Data Policy Task Force on the CCS. Paul Gilding mentioned that Fred Mitchell's memo of frequently asked questions about the CCS would be distributed soon.

4. Proposed Uses of the $1.4 Million State Pharmacy One-Time Savings

- Ray Ratke reported that, based on expenditures for the first two months of this fiscal year, some additional funds might be needed for the State Pharmacy. However, he indicated the

Department might be able to release $400,000 of the federal block grant savings from FY 2003; but it seemed advisable to postpone a decision until first quarter expenditures were reviewed.

- ***The Council recommended and the Department agreed to review the status of the State Pharmacy's first quarter expenditures and make a decision around the middle of October about providing $400,000 to CSBs to implement CCS.*** If the funds are available, there was no preference expressed by Council members between dividing the money equally ($10,000 per CSB) or based on small, medium, or large budget size ($7,500; $10,000; or $12,500 per CSB). That decision was left up to the Department. Subsequently, the Department determined that sufficient funds were available, and it allocated $10,000 to each CSB for CCS implementation.

5. Development of the FY 2005 Performance Contract

- Paul Gilding updated the Council on the status of developing the FY 2005 performance contract. The VACSB has appointed a work group consisting of Tom Geib, Lynn Chenault, Gus Fagan, Candace Waller, and Demetrios Peratsakis. Frank Tetrick and Tom Geib have agreed that this effort needs to begin in October. ***Paul Gilding agreed to talk with Tom Geib at the VACSB conference in Wintergreen next week about scheduling the first meeting.***
- Subsequently, the work group reported at the VACSB Executive Directors Forum meeting at Wintergreen and the Forum accepted the work group's recommendations, based on a survey of CSBs, that the FY 2005 contract remain basically the same and that the group focus its attention on streamlining the financial data and reporting requirements in the FY 2006 contract, similar to the recent successful effort to streamline the consumer and service data and reporting requirements in the FY 2004 contract, including the development of the CCS.

6. FY 2004 Performance Contract Amendments: Local Match for Reinvestment Funds and Deleting Reporting Requirements for Atypical Medications

- ***The Council approved the two community services performance contract amendments that were circulated before the meeting.***
- ***The Council agreed that, as long as the State Pharmacy can report number of CSB consumers receiving atypical meds, this reporting requirement can be eliminated for CSBs.*** Subsequently, the State Pharmacy confirmed that it can report these numbers on an unduplicated annual basis for MH federal block grant reporting purposes. Consequently, this requirement will be eliminated from the performance contract and reports.

7. Pass-to-Discharge Issue and After Hours Psychiatric Coverage at CSBs

- Dr. Evans discussed the pass-to-discharge. Currently, it permits up to 14 days on pass in the community. He noted that the issue came up in connection with the suicide of a state hospital patient on a pass-to-discharge. Dr. Anita Everett, then the Inspector General, suggested the following changes in the pass-to-discharge. First, a community psychiatrist should see the consumer within 24 hours. Second, passes should be only two or three days long, with continuations if needed. Third, community and state facility psychiatrists, the Virginia Office of Protection and Advocacy, and consumer groups should study and design a conditional release status.
- He indicated that state mental health facilities were contacted about these recommendations and the following concerns were expressed. Implementing the recommendations would result in logistical problems for state facilities. There was general agreement with shorter passes but the possibility of passes for longer periods should be retained. Internal policies could restrict passes to 24 to 48 hours with exceptions for longer passes. Finally, there were strong concerns expressed that limiting passes could raise human rights concerns or issues. The consensus of the state facility directors was that short passes should be the standard with an option for longer passes.

- Dr. Reinhard noted that some placements require passes longer than 24 to 48 hours for trial placements. The consensus of the Council members was to refer this issue to the Discharge Protocols work group.
- Dr. Reinhard informed the Council that the private psychiatric community is beginning to raise concerns about after hours psychiatric coverage at CSBs, for instance CSBs turning responsibility over to hospital emergency rooms. A Lynchburg General Hospital psychiatrist claims the CSB is sending after hours patients to the emergency room. It should be noted that Central Virginia Community Services contracts its emergency services to that hospital.
- Jim Thur indicated that some CSBs have qualified mental health professionals, rather than psychiatrists, on call and asked if the issue was bad treatment. Lynn Chenault noted that his CSB has always had after hours coverage with its psychiatrists. Joyce Willis told the Council that her CSB does not have after hours coverage and the answering machines of some private psychiatrists refer people to the CSB after hours. Jim Thur noted that his CSB was in a similar situation; private psychiatrists refer calls to the CSB. Also, private psychiatric hospitals and psychiatric units are having problems arranging after hours coverage. He indicated that this was a major problem in Northern Virginia; the holes in the safety net are getting larger.
- Mary Ann Bergeron observed that the private psychiatric community has a lot of anecdotes but not much data about this problem. She suggested that we need to identify the real problems and obtain good data. Perhaps the real issues are private psychiatrists leaving messages on their answering machines for their clients to call CSBs and refusing to provide after hours coverage in private psychiatric hospitals and units.
- There may be two different groups with different issues: the Psychiatric Society of Virginia and the Virginia Association of Community Psychiatrists (VACP). ***Dr. Reinhard suggested inviting Dr. Krag, the Chairman of VACP, to the next meeting to update the Council on VACP's issues, and the Council agreed.***
- ***The Department agreed to help the VACSB develop a very brief survey about CSB after-hours coverage arrangements. The survey would be reviewed by the VACSB Survey Review Committee and administered by the VACSB.***

8. Revision of Core Services Taxonomy 6

- Paul Gilding informed the Council that the Department will be revising the Taxonomy in collaboration with the VACSB Administration Committee. He will update the Council periodically as the revision progresses. The taxonomy has not been thoroughly reviewed and significantly rewritten since 1995, when the original version of Core Services Taxonomy 6 was issued.

9. State Facility/CSB Utilization Management Committees and Discharge Protocols

- Jerry Deans reported that staff working in these areas realized that census contingency planning and discharge protocols are subsets of a larger need for joint CSB-state facility management of a facility's census.
- He noted that the summary of the Council's last meeting revealed some variability about census contingency management. Some CSBs are clearly in agreement that managing a state facility's census is a collaborative effort; neither the facility nor the CSBs it serves can control its census alone.
- It was noted that everyone agreed with this position conceptually. However, there may be some resource and policy issues that need to be resolved. Jim Thur observed that this needs to be driven regionally; the regional partnerships offer an opportunity to move forward on this.
- It was suggested that the Region 4 Acute Care Pilot Project could serve as a model, although it would need to be adapted to address regional variations. The reasons for this region's success

need to be studied, and it is important to note one reason was a major investment of new resources by the state.

- Dr. Reinhard agreed and noted that moving collaborative census management forward would be a major project for Frank Tetrick, who will be joining the Department as the Assistant Commissioner for Community Services in early October.
- Ray Ratke suggested that the Council support the concept of CSBs and state facilities co-managing the facility census and take this matter to the Executive Directors Forum. Jim Thur observed that the Forum probably would agree with this idea as long as it is recognized that CSBs do not have total responsibility for the census of state facilities - the courts, magistrates, local hospitals and others are also involved - and there is the issue of inter-regional transfers of consumers.
- Ray Ratke remarked that he was suggesting the Council commit to a process while recognizing that the outcomes will not be within our control totally. Every region is different and the goal is not standardization for its own sake.
- ***The Council agreed that census contingency management, discharge protocols, and pass-to-discharge issues need to be addressed together by one group.***
- ***CSB members on the Council agreed to provide names of CSB representatives from the 7 regions to Jerry Deans and Frank Tetrick to work on census contingency management, discharge protocols, and pass-to-discharge issues.***
- ***The Council agreed to propose the following motion at this meeting for a vote at its next meeting on November 10:***

  "The System Leadership Council endorses the need for the CSBs and state facility in each region or subregion (the 7 regions) to develop a mental health state facility and local inpatient utilization management process that reflects the unique characteristics of the region and that over time would agree on a fixed number of beds that the region manages and would identify the resources needed to accomplish this."

  Council members need to discuss this with the constituencies they represent so that the Council can vote on the motion at its November 10 meeting. Subsequently, the VACSB Executive Directors Forum approved this motion at its Wintergreen meeting on October 9.

10. Information About Human Resources Pilot for Direct Care Workforce

- Neila Gunter noted that the Council had the vision to focus on workforce development. She updated the Council on the human resources pilot, which involves distance learning for direct support professionals (entry level health care workers). The training, developed by Amy Hewlett and the University of Minnesota, is oriented to developmental disabilities and involves very flexible interactive training over the internet.
- She indicated that a number of states (e.g., Minnesota, Wyoming, the District of Columbia) have become involved, and she suggested considering implementing a pilot site in Region 4. She noted that the Department's workforce development manager is working on state facility sites.
- Mary Ann Bergeron stated that this approach has some benefit; it would result in a more highly trained workforce. She suggested that the CSB Executive Director, human resources staff person, and MR Director be involved. Jim Thur added the CSB's training coordinator, if present, to the list.
- While this training is oriented to mental retardation and developmental disabilities, Neila Gunter indicated that it could be modified to cover mental health and substance abuse services providers.

11. New Regulations, Rules, or Policies on Criminal Records Checks Applicable to CSBs

- Neila Gunter indicated that the Code change was fairly transparent; it provides a little more flexibility and enlarges the pool of potential applicants.

12. Information Items and Updates

- Part C Infrastructure Committee Update
  - □ Ray Ratke told the Council that this group is moving ahead, and he has a lot of hope for it.
  - □ In response to a concern about iTOTS (the Part C information system), the Central Office agreed to respond to rumors that phase 2 of iTOTS has been cancelled. ***The Department agreed that the SLC would be part of any decision on iTOTS.***
  - □ ***In response to a discussion about DMAS not paying the cost of providing Part C services in natural environments, Dr. Reinhard agreed to discuss this at the next state agency head meeting.***
- Olmstead Task Force Report
  - □ Charline Davidson informed the Council that the Task Force has completed its work. The Governor will work with the Secretary of Health and Human Resources to establish a collaborative, multi-agency team to identify the cost of implementing the whole Plan. The Governor will direct state agencies to implement the Task Force's recommendations and to include proposals in their budget submissions. Finally, an Olmstead Oversight Work Group will be established. Mary Ann Bergeron cautioned that state and local agencies cannot be asked to absorb any costs related to the implementation of Olmstead Task Force recommendations.
- Licensing and Human Rights Regulations Work Group Update
  - □ Paul Gilding updated the Council on the activities of this work group.
  - □ The work group met with Julie Stanley, Leslie Anderson, Margaret Walsh, and Paul Gilding on September 10 and discussed the timetable for revising the human rights and licensing regulations. The Department will initiate the periodic review of the human rights regulations next fall and will look at all parts of the regulations. The periodic review of the licensing regulations will start inn early 2006.
  - □ In the meantime, the work group reviewed the VACSB Human Rights and Licensure Committee Matrix of Recommended Guidelines for Human Rights and Licensure Regulations, and Department staff agreed to provide several interpretive guidelines or frequently asked question responses to address several areas of concern now.
  - □ Joe Hubbard indicated that his work group will work on pre-planned activities rather than quick turnaround response activities. The work group deferred scheduling a future meeting until it had a chance to review the voluminous incident data received from the Department.
- Restructuring Policy Advisory Committee Update
  - □ Charline Davidson discussed the upcoming meeting on October 17 at Woodrow Wilson Rehabilitation Center in Fishersville. The RPAC will meet in the morning, and the stakeholders group will meet in the afternoon.
  - □ Jim Thur communicated a concern from Northern Virginia advocates about the apparent focus of the RPAC on special populations rather than on the larger population in need of services. Charline Davidson responded that the RPAC has two focuses: special populations and regional restructuring issues. Jim Thur suggested that regional restructuring issues should be the first priority, rather than special populations.

- Reinvestment Project and Regional Restructuring Partnership Updates
  - □ Charline Davidson thanked everyone for sending regional plans to her.
- SVP Program Update
  - □ Jerry Deans reported that the first residents are scheduled to arrive at the program in October and that candidates for facility director were being interviewed the next day.
  - □ Discussions are continuing about a permanent site for the program, since the current site in Dinwiddie County is supposed to be temporary. This could involve a capital outlay request for $42 million at the next session of the General Assembly to construct a new facility at a permanent site.
  - □ Dr. Reinhard noted that the conditional release aspect of this program may happen, depending on advice from the Office of the Attorney General. The Department of Corrections would monitor the person, but treatment issues still need to be resolved.
  - □ William Desmond (Goochland-Powhatan Community Services), Kay Farr (Fairfax-Falls Church CSB), Harvey Barker (New River Valley Community Services), and Mary Ann Bergeron are working with the Crime Commission on treatment need issues.
- Paperwork/Record Keeping Requirements Reduction Work Group
  - □ Ray Ratke reported that Frank Tetrick will be the Department's lead person on this effort.

13. Other Business

- Mary Ann Bergeron reported that Senator Colgan had asked her for an amount needed to eliminate current waiting lists; she responded with a figure of $370 million.
- Jim Thur asked if there was any contemplation being given to changing the definition of prevention and how the set aside would be used. Apparently, rumors are circulating about defining children's treatment services in such a way as to bring them under prevention. Ray Ratke responded that this may be related to the 329g recommendation to establish a Children's Services Office in the Department. Jim Thur asked if the Department would consider a discussion of this recommendation by the Council. Ray Ratke agreed.

14. Next Meeting: The Council's next meeting is scheduled at 9:00 a.m. on November 10 in Conference Room C at the Henrico Area MH&R Services Board.